Revised 05/05 FORM-GBG IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD O. Gift, Bequest, or Grant Information 510 EAST 12TH, SUITE 1A received by a department or DES MOINES, IA 50319 accepted by the Governor on behalf ETHICS , Fax: (515)281-4073 Resett Flanti of the state www.jowa.gov/ethica For office use only lowa Lode Section 8.7 requires all gifts, bequests, and grants given to any department of the Indexed state of lowe or received by the Governor on behalf of the state be reported to the lowe Ethics Audited and Sampaign Discinsure Board and the Government Oversight Committee. The Board will Checked provide a copy of this report to the Government Overeight Committee. This form is required to be filled within 20 days of receipt of the gift, bequest, or grant. Computer DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT: DHS-Glenwood Resource Center Name of Department or Office Olenwood, IA 51534 711 S. Vine Street City. State, Zip Code Malling Address 712-525-4811 Area Code & Telephone No. CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF FICE Neme City, State, Zip (if different from above) Mailing Address (if different from above) Arsa Code & Telephona Number (if different from above) Email Address DONOR OF GIFT, BEQUEST, OR GRANT: American Legion Auxiliary Name Charter Oak, IA 51439 District 8 **\$** 166.00 2/18/09 City, State, Zip Code Mailing Address Amount/Jalue\* Date of Gift, Bequest, or Grant value is defined as "fair market value" of Item as determined by Area Code & Telephone Number receiving department or office. If no value mark "0.00". Email Addres s (optional) Provide a description of the gift, bequest, or grant and purpose thereof: Distribute to clients:scrapbooks, crayons, glue; assorted clothing, combs; used card fronts Criteria to use this form: Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the denor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Fievised 05/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE 30 ARD STORES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

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For office use only
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FORM-GB Gift or Bequest information received

sclosure Board and the Government Oversight Committee. The Bois report to the Government Oversight Committee. This form is to be ceipt of the gift or bequest.	ard will provide a copy of e filed within 20 days of Computer
EPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:	
Mt. Pleasant Mental Health	
Name of Department or Office Mr. 1 1200 E. Washington St.	Pleasant, 1.4. 52541
Mailing Address City. 319-385-9511	State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	Ny INSEE dia mampiasa ny kaominina mandritry ny kaominina mpikambana amin'ny faritr'i Salandia.
John Mathes, Superintendent	A Committee of the Comm
Name	· ·
Same Mailing Address (if different from above)	Same C ty, State, Zip (if different from above)
John.Mathes@iowa.gov	Same
Email Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	
	February 2009 \$32.00
Mailing Address City, State, Zip Code	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
Items for patients use.	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the si	late or received by the Governor on behalf of the state.
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Statement of Affirmation:	
affirm that the gift or bequest reported above assessment of the fair market value (if applicable) is correct and true to the	e is accurate. I further affirm that the information concerning the donor and best of my knowledge.
addopating it to the left that to trans (if afficiently)	
Signature	Date